

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Printing Partners</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>		
Mailing Address <b>929 West 16th Street</b>			Amount <b>24174.30</b>		
City <b>Indianapolis</b>	State <b>IN</b>	Zip Code <b>46202-2214</b>	Transaction ID : <b>E87B95A518306499AADE</b>		
Purpose of Expenditure <b>IE-Printing-Clinton</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Clinton, Hillary, Rodham, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>00</b> State: _____
Calendar Year-To-Date Per Election for Office Sought		<b>71119.88</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Printing Partners</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>		
Mailing Address <b>929 West 16th Street</b>			Amount <b>746.05</b>		
City <b>Indianapolis</b>	State <b>IN</b>	Zip Code <b>46202-2214</b>	Transaction ID : <b>E4177B597C7DE4D95B90</b>		
Purpose of Expenditure <b>IE-Printing-Hollingsworth</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Hollingsworth, Trey, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate		District: <b>09</b> State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought		<b>746.05</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>24920.35</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Cockfield, Wayne, , ,*

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 26 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Printing Partners</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>	
Mailing Address <b>929 West 16th Street</b>		Amount <b>14295.17</b>	
City <b>Indianapolis</b>	State <b>IN</b>	Zip Code <b>46202-2214</b>	Transaction ID : <b>E355927C6370D4274A30</b>
Purpose of Expenditure <b>IE-Printing-Blunt</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Blunt, Roy, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought		<b>14295.17</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Printing Partners</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>	
Mailing Address <b>929 West 16th Street</b>		Amount <b>9879.14</b>	
City <b>Indianapolis</b>	State <b>IN</b>	Zip Code <b>46202-2214</b>	Transaction ID : <b>E3801A71C556D437986E</b>
Purpose of Expenditure <b>IE-Printing-Young</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Young, Todd, Christopher, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought		<b>9879.14</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>24174.31</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>49094.66</b>

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*Cockfield, Wayne, , ,**[Electronically Filed]*

Date

MM / DD / YYYY  
**10 / 26 / 2016**

Signature